

June 15, 1998

Administrative Memorandum Protection and Safety #3-98

To: Service Area Administrators
Protection and Safety Staff
Developmental Disabilities Staff
Youth Rehabilitation and Treatment Center Staff in Geneva & Kearney
Regional Center Staff

From: Jessie K. Rasmussen

RE: Holding Therapy

Effective immediately, no employee of Health and Human Services is authorized to use the technique known as "holding therapy", nor is any employee authorized to knowingly refer youth in HHS custody for such "intervention". No case manager or other staff may consent to the use of this treatment regimen for any of our state wards.

"Holding therapy" is considered to be outside of the traditional boundaries of acceptable mental health treatment. Since such therapy requires the involuntary restraint of a child, where such restraint is not necessary to prevent harm to self or others, employment of such resubmit shall not be condoned by the Department.

DESCRIPTION OF "HOLDING THERAPY"

Holding therapy is an intervention used by a small group of providers primarily for the treatment of attachment disorders. The Department has reviewed information on holding therapy and reviewed therapeutic literature on holding therapy. Very little information was available. The information that could be found did not conclusively indicate that holding therapy was effective or appropriate as a treatment intervention.

Professionals who use holding therapy believe that the attachment (an affectionate bond between two individuals that endures through time and space and serves to join them emotionally) between a child and adult care-giver (parent or other caregiver) may not develop appropriately in children who are abused or experience neglect or significant pain during the first year or two of life. It is believed that this attachment develops through the cycle of need (hunger, discomfort), expression of rage (crying), and gratification (feeding, changing a diaper), which then leads to the development of trust. If a child is abused or neglected, these professionals believe that the child does not learn to develop trust in adult caregivers. Holding therapy allows the child to re-live the abuse/neglect separation experience and have it come out differently with new adult caregivers (adoptive or foster parents).

Therapeutic holding is done either by a therapist or by an adult caregiver under the direction of a therapist. The child is physically held like an infant in the lap of the therapist or caregiver, usually restrained (arms held down and possibly a scissors lock on the legs), and forced to make eye contact (chin or head is held by the person holding the client) with the holder. Clients typically respond with resistance and anger, threats, anxiety, and fear. Professionals who use holding therapy believe that the exposure of these feelings is crucial to help the client work through and accept his or her anger, impotence, and grief. The goal of holding therapy is to break the child's pattern of control and rework the development of trust with the adult caregiver. After the exposure of these feelings, the therapist or adult caregiver cuddle and relax the client to develop the bond and trust. Holding therapy is typically done as part of a family therapy session and parents/adult caregivers are sometimes encouraged to physically hold the child at home. It is expected that the child's behavior will regress and sometimes become infantile. Parents/adult caregivers are encouraged to allow and nurture this behavior as part of the development of trust.

If any staff person currently has authorized use of holding therapy with a ward, that staff person is directed to notify the provider that use of the technique is to be stopped immediately. If a court attempts to order the use of such therapy, contact the Protection and Safety Legal Team at once.

If there are questions, please contact Margaret Bitz at (402) 471-9457, Mary Fraser Meints at (402) 471-9333, or Mike Rumbaugh at (402) 471-9217.